

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date of Application: 10-05-2016
OCT 05 2016
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 17-0315
Date: 10-19-17
Amount Paid: \$100.00
Refund: 105.10

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	Meyne M. Jensen		Mailing Address:		City/State/Zip:		Telephone:	
Address of Property:	14985 Delta Rd Grandsburg, WI		City/State/Zip:		Port wing WI 54865		Cell Phone:	
Contractor:	Kunal Gaugler		Contractor Phone:		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Kunal Gaugler		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached	
PROJECT LOCATION	Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		Page(s)	
1/4, 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 36, Township 50 N, Range 9 W		Town of: Orienta		Lot Size		Acreage		
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		Distance Structure Is from Shoreline: <u>on shore</u> feet		<input type="checkbox"/> Is Property in Floodplain Zone?		Are Wetlands Present?	
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure Is from Shoreline: <u>on shore</u> feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 1,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 2	Width: 25	Height: 4'

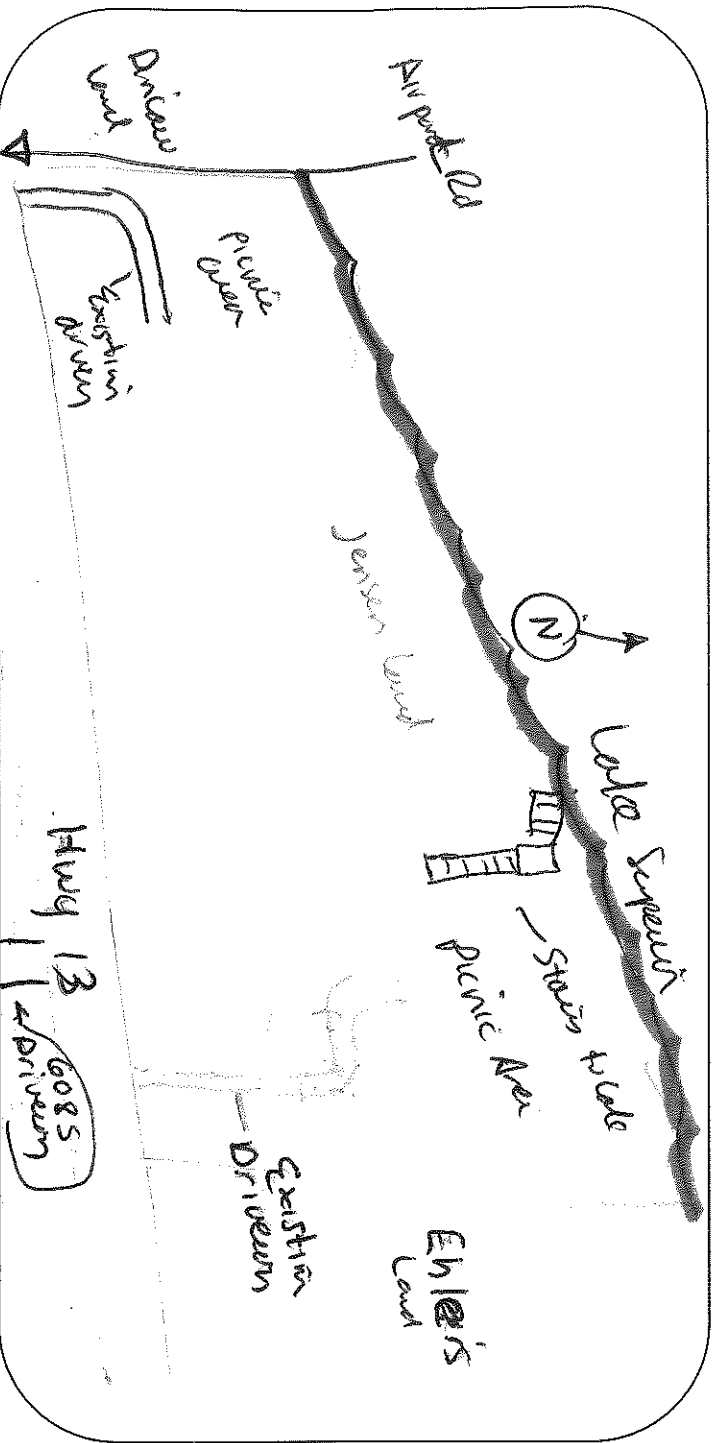
Proposed Use	Principal Structure (first structure on property)	Dimensions	Square Footage
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	()	()
<input type="checkbox"/>	with Loft	()	()
<input checked="" type="checkbox"/> Residential Use Rec'd for Issuance	with a Porch	()	()
	with (2nd) Porch	()	()
	with a Deck	()	()
	with (2nd) Deck	()	()
<input type="checkbox"/> Commercial Use Secretarial Sta	with Attached Garage	()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()
	Mobile Home (manufactured date)	()	()
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	()	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain) stairs to lake	(2 x 25')	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 9-15-16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: 9-15-16
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 2717-13th Ave So, Minneapolis MN 55406
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

as below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

CABIN

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	~100' Feet	Setback from the Lake (Ordinary high-water mark)	on lake Feet
Setback from the Established Right-of-Way	~70' Feet	Setback from the River Stream Creek	on lake Feet
Setback from the North Lot Line	on lake Feet	Setback from the Bank or Bluff	on bank Feet
Setback from the South Lot Line	~1000' Feet	Setback from Wetland	on lake Feet
Setback from the West Lot Line	~600' Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	~250' Feet	Elevation of Floodplain	? Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	well Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

10-0269 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).
Jensen
Spain
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.
12-0459
wood shed

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0015		Permit Date: 6-19-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record:	violations abated 6-19-17						
Date of Inspection:	Serial 5-2-17	Inspected by:	JC Murphy				
Condition(s):	Town, Committee of Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.) stormway must be located between 10' on greater than side property line + must be a minimum 2' 10' from centerline of highway road on 50' from R.O.W. wherever is greater. Best management practices						
Signature of Inspector:							Date of Approval: 6-19-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

on, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0215** Issued To: **Wayne Jensen**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **36** Township **50** N. Range **9** W. Town of **Orienta**

2 Par in W $\frac{1}{2}$ of

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Other: [Stairs to the Lake (2' x 25') = 50 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Stairway must be located 10 feet or great from side property line and must be a minimum of 110 feet from centerline of highway or 50 feet from ROW, whichever is greater. Best management practices shall be employed to eliminate sedimentation into lake.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 19, 2017

Date

SUBMIT: COMPLETED APPLICATION TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Permit #:
Date:
Amount Paid:
Refund:

17-02916
6-19-17
\$75 5-8-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co Zoning Dept

May 2, 2017

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Maure M. Jensen</u>	Mailing Address: <u>2717-13th Ave So</u> City/State/Zip: <u>Minneapolis, MN 55407</u>	Telephone: _____
Address of Property: <u>6085 Hwy 13</u>	City/State/Zip: <u>Madison, WI 53746</u>	Cell Phone: <u>612-205-1996</u>
Contractor: <u>TBD</u>	Agent Phone: <u>TBD</u>	Plumber Phone: <u>TBD</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Mailing Address (include City/State/Zip): <u>501M</u>	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: <u>W 1/2, 1/4</u>	Legal Description: (Use Tax Statement) <u>26445</u>	Tax ID# (4-5 digits)
Section: <u>36</u> , Township: <u>50</u> N, Range: <u>9</u> W	Vol & Page: <u>1007 p 19</u>	Lot(s) No.: _____ Block(s) No.: _____
Subdivision: _____	Lot Size: <u>6 Ac</u>	Acreage: <u>6.09</u>
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (including intermittent) Creek or Landward side of Floodplain? If yes--continue <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: _____ feet	Distance Structure is from Shoreline: <u>~250</u> feet
<input type="checkbox"/> Non-Shoreland	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>\$ 10,000 (TBD)</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <u>2 weeks</u>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (If permit being applied for is relevant to it)	Length: <u>28'</u>	Width: <u>23'</u>	Height: _____
Proposed Construction:	Length: <u>16'</u>	Width: <u>9'</u>	Height: _____

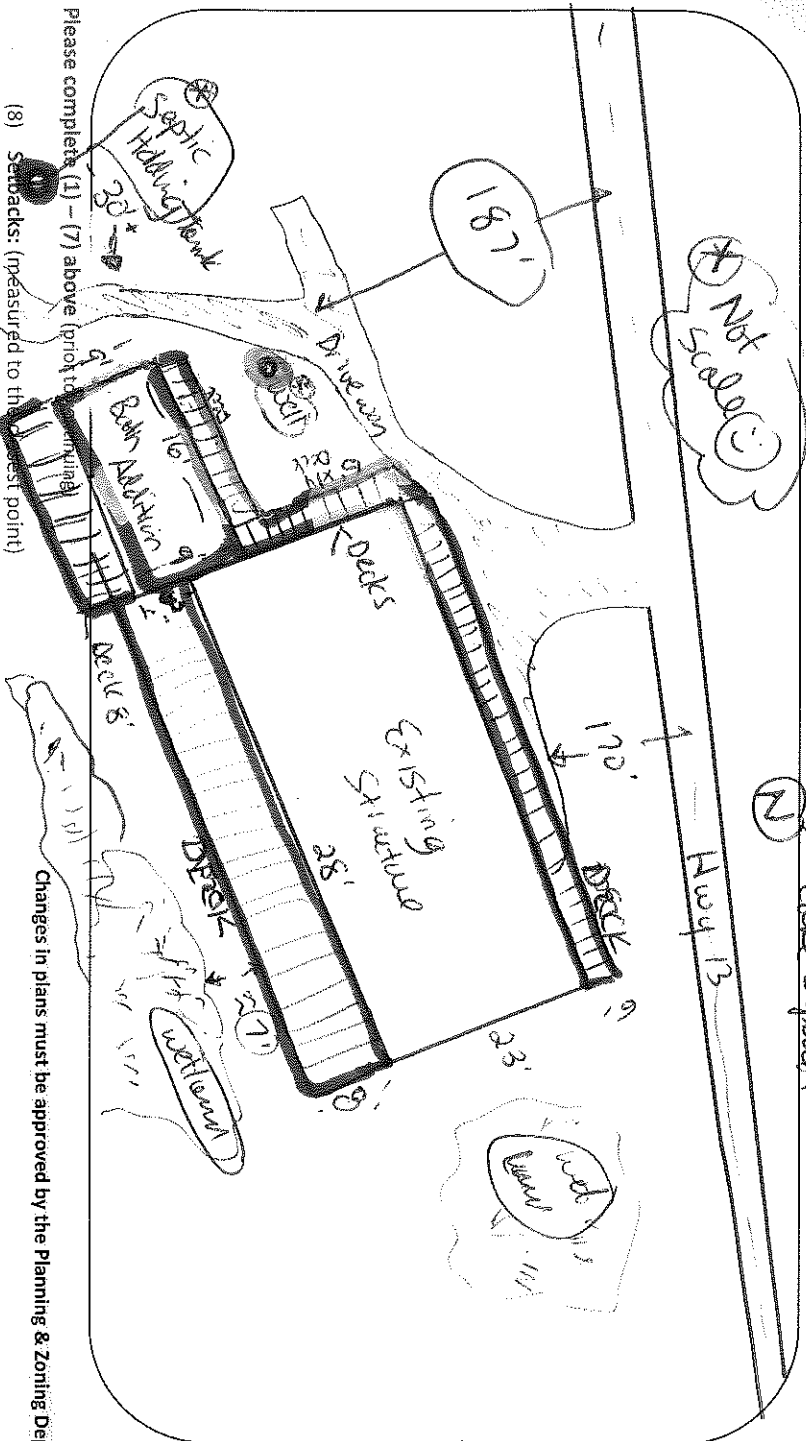
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input checked="" type="checkbox"/> Residential Use	with Loft	() X ()	
<input checked="" type="checkbox"/> Residential Use	with a Porch	() X ()	
<input checked="" type="checkbox"/> Residential Use	with (2nd) Porch	() X ()	
<input checked="" type="checkbox"/> Residential Use	with a Deck	() X ()	
<input checked="" type="checkbox"/> Residential Use	with (2nd) Deck	() X ()	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)		() X ()	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Bathroom</u>		() X ()	144
<input type="checkbox"/> Accessory Building (specify)		() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		() X ()	
<input type="checkbox"/> Special Use: (explain)		() X ()	
<input type="checkbox"/> Conditional Use: (explain)		() X ()	
<input type="checkbox"/> Other: (explain)		() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 5-2-17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: _____
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch Your Property (regardless of what you are applying for)

- Proposed Construction
- Show Location of:
North (N) on Plot Plan ✓
 - Show / Indicate:
(*) Driveway and (*) Frontage Road (Name Frontage Road) ✓
 - Show Location of (*):
All Existing Structures on your Property ✓
 - Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - Show:
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond ✓
 - Show any (*):
(*) Wetlands; or (*) Slopes over 20% ✓
 - Show any (*):
Lake Superior



Please complete (1) - (7) above (prior to construction)

(8) Setbacks: (measured to the nearest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	± 170 Feet		Feet
Setback from the Established Right-of-Way	± 128 Feet		Feet
Setback from the North Lot Line	± 128 Feet		Feet
Setback from the South Lot Line	± 700 Feet		Feet
Setback from the West Lot Line	± 450 Feet		Feet
Setback from the East Lot Line	± 160 Feet		Feet
Setback to Septic Tank or Holding Tank	30 Feet		Feet
Setback to Drain Field	— Feet		Feet
Setback to Privy (Portable, Composting)	— Feet		Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary of the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum previously surveyed corner or marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic

NOTICE: All Land Use Permits Expire One (1) Year from the L
For The Construction Of New One & Two Family Dwelling: ALL Munic
The local Town, Village, City, State or Federal

Sanitary Number: 17-0816

Permit Denied (Date): 10-19-17

Permit #: 17-0816

Is Parcel a Sub-Standard Lot ☐ Yes ☒ No (Deed of Record) ☐ Yes ☒ No (Used/Contiguous Lot(s)) ☐ Yes ☒ No

Is Structure Non-Conforming ☐ Yes ☒ No

Granted by Variance (B.O.A.) ☐ Yes ☒ No

Was Parcel Legally Created ☐ Yes ☒ No

Was Proposed Building Site Delineated ☐ Yes ☒ No

Inspection Record: retained boundary crossed by driveway

Date of inspection: 10-19-17

Condition(s): Town Committee or Board Conditions Attached? ☐ Yes ☒ No - (If No they need to be attached.)

Signature of Inspector: [Signature]

Hold For Sanitary: ☐ Hold For TBA: ☐ Hold For Affidavit: ☐ Hold For Fees: ☐ Date of Approval: 10-19-17

n, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0216** Issued To: **Wayne Jensen**

Location: - ¼ of - ¼ Section **36** Township **50** N. Range **9** W. Town of **Oriental**

2 Par in W ½ of

Gov't Lot **1** Lot Block Subdivision CSM#

For: **Residential Addition / Alteration:** [Bathroom (16' x 9') = 144 sq. ft.; Deck (8' x 44') (6' x 14x) (6' x 10')
(6' x 28') = 664 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): All additions shall be located +25 feet from mapped wetland boundary flags placed previously by WDNR. UDC permit and inspections required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 19, 2017

Date

STATEMENT COMPLETED APPLICATION TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT ENTERED
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Required)
APR 18 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0017
Date: 6-19-17
Amount Paid: \$350 4-20-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Wayne M. Jensen		Mailing Address: 2717-13th Ave So		City/State/Zip: MPLS, MN		Telephone: 55407		Cell Phone: 612-205-1996		Plumber Phone:		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of Property: 6085 Hwy 13		City/State/Zip: Port Washington, WI		Contractor Phone: 54865		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Plumber:		Plumber Phone:		Plumber:		Plumber Phone:	
PROJECT LOCATION: 1/4		Gov't Lot: 1		Lot(s): 1		CSM: 1007		Vol & Page: 1149		Lot(s) No.:		Block(s) No.:	
Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits): 26445		Recorded Deed (i.e. # assigned by Register of Deeds) Document #:		Subdivision:		Lot Size: 5 AC		Acreage: 6.09		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Section: 36, Township: 50, N. Range: 9, W.		Town of: Orienta		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet	
<input type="checkbox"/> Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> New Construction		<input type="checkbox"/> Addition/Alteration		<input checked="" type="checkbox"/> Conversion		<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Foundation	
Value at Time of Completion * include donated time & material		Project		# of Stories and/or basement		Use		# of bedrooms		What Type of Sewer/Sanitary System Is on the property?		Water	
\$ 600		<input type="checkbox"/> New Construction		<input type="checkbox"/> 1-Story		<input checked="" type="checkbox"/> Seasonal		<input type="checkbox"/> 1		<input type="checkbox"/> Municipal/City		<input type="checkbox"/> City	
<input type="checkbox"/> Addition/Alteration		<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> Year Round		<input type="checkbox"/> 2		<input type="checkbox"/> (New) Sanitary		Specify Type: _____		<input type="checkbox"/> Well	
<input checked="" type="checkbox"/> Conversion		<input checked="" type="checkbox"/> 2-Story		<input type="checkbox"/> _____		<input type="checkbox"/> 3		<input type="checkbox"/> Sanitary (Exists)		Specify Type: _____		<input checked="" type="checkbox"/> None	
<input type="checkbox"/> Relocate (existing bldg)		<input type="checkbox"/> Basement		<input type="checkbox"/> _____		<input type="checkbox"/> 3		<input type="checkbox"/> Sanitary (Exists)		Specify Type: _____		<input type="checkbox"/> Well	
<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> No Basement		<input type="checkbox"/> _____		<input type="checkbox"/> 3		<input type="checkbox"/> Sanitary (Exists)		Specify Type: _____		<input type="checkbox"/> Well	
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Changes in plans must be approved by the Planning & Zoning Dept.

- Changes in plans must be approved by the Planning & Zoning Dept.

Measurement

(P100500) ADV ON 6 x 19

6 x 9

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Code.

ate:

5-9-7

☐ Yes
☐ No

Yes ☒ No ☐

Yes ☐ No ☒

[illegible]

Date of Re-Inspection:

100

Date of Approval:

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 17-47S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0217** Issued To: **Wayne Jensen**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **36** Township **50** N. Range **9** W. Town of **Orienta**

2 Par in W $\frac{1}{2}$ of

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [1.5 story; Convert Garage to Residence (28' x 23') = 644 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit and inspections required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 19, 2017

Date